

**DIVISION OF WORKERS COMPENSATION**  
**KS DEPARTMENT OF LABOR**  
800 SW JACKSON ST STE 600  
TOPEKA KS 66612-1227  
Phone: 785-296-2996 – Fax: 785-296-0025  
Web Site: [www.dol.ks.gov](http://www.dol.ks.gov)

**Cancellation of Election of Employer to Cover Employees  
Under Kansas Workers Compensation Act Where Employer  
Has Less than \$20,000 Payroll or Is Agricultural Pursuit.**

**NOTICE:** To be processed, ALL entries on this form must be completed. All entries, except signatures, must be neatly printed in black ink.

**NOTE:** This Cancellation of Election is effective upon receipt by the Kansas Division of Workers Compensation.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Name of Employer Cancelling Election: \_\_\_\_\_

Corporate Name, if applicable: \_\_\_\_\_

Address of Employer Cancelling Election: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Type of Business: \_\_\_\_\_

hereby cancels its election(s) pursuant to K.S.A. 44-505(b) to come within the provisions of the Kansas Workers Compensation Act.

\_\_\_\_\_  
Valid Signature of Employer or Authorized Representative

\_\_\_\_\_  
Title of Signing Individual

\_\_\_\_\_  
Date Signed